

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO.
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

1. County of Pima
District of _____
Town of _____
or _____
City of Miami

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 175
County Registrar No. 504
Local Registrar No. 504

No. #9 Porto Rico Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Baby Gonzalez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? Yes 7. Date of birth Feb 25, 1926
Month Day Year

8. FATHER
Full name Trinidad Gonzalez
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. _____
10. Color or race Mexican
11. Age at last birthday 45 (Years)

14. MOTHER
Full maiden name Refugia Regalado
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. _____
16. Color or race Mexican
17. Age at last birthday 30 (Years)

12. Birthplace (city or place) _____
(State or country) Mexico
13. Occupation Laborer
Nature of industry _____

18. Birthplace (city or place) El Paso, Texas
(State or country) _____
19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother 10
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 6
(b) Born alive but now dead 3
(c) Stillborn 1
21. Were precautions taken against ophthalmia neonatorum? No.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 2:30 a m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Charles E. Drinn
Address Miami, Arizona
(Physician or midwife)

Given name added from a supplemental report. _____
Month, day, year _____
Filed Feb 25, 1926 P. E. Drinn
Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

079-225-996